Under the Pa	perwork Redi.	action Act of 1996, no pe	rson are requir	ed to respond to a collec-	ction of inform	ration unless it displays a	valid OMB control numbe	
				Complete if Known				
CCC	NSMIT	тлі		Application Number		09/213,856-Conf. #6318		
	411/21/11	IAL	Filing Date			December 17, 1998		
				First Named In	ventor	Scott Anthony M	organ	
			Examiner Name	Examiner Name		A. A. Armstrong		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit				
TOTAL AMOUNT	NT (S)	1,740.00	Practitioner Doc	Practitioner Docket No.		N0484.70331US00		
METHOD OF	PAYMEN	T (check all that apply)					
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number. 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.								
For the ab	ove-identifi	ed deposit account, th	e Director is	hereby authorized to	(check all	that apply)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1 18 and 1 17								
WARNING: Information and au	nation on this uthorization of	form may become put	olic, Credit ca	d information should n	ot be includ	ed on this form. Provide	credit card	
FEE CALCULA								
1. BASIC FILING		H, AND EXAMINAT						
	FILING FEES pplication Type Fee (\$) Small Entity Fee (\$)			SEARCH FEES		EXAMINATION FEES		
Utility Utility	380	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Design	250	190 125	620 120	310 60	250 160	125 80		
Plant	250	125	380	190	200	100		
Reissue	380	190	620	310	750	375		
Provisional	250	125	0.20	0	0	0		
2. EXCESS CLA		125	v	,	0	0	Small Entity	
Fee Description Fee (S							Fee (\$)	
Each claim over 20 (including Reissues) 60							30	
Each independent claim over 3 (including Reissues) 250							125	
Multiple dependent claims							225	
Total Claims Extra Claims Fee (\$)				Fee Paid (\$)	_	Multiple Dependent Claims		
- 20 or HP =		x	-			Fee (\$) Fee	Paid (\$)	
HP = highest nur		claims paid for, if great	er than 20.		_			
Indep, Claims		Extra Claims Fee	= .	Fee Paid (\$)	-			
		endent claims paid for	if greater tha	n 3	_			
3. APPLICATIO if the specification 37 CFR 1.52(e)), ti 35 U.S.C. 41(a)(1)	and drawing he applicatio	s exceed 100 sheets o n size fee due is \$310 i	f paper (exclu S155 for sma	ding electronically filed il entity) for each addit	I sequence of some some some some some some some some	or computer listings und ets or fraction thereof	er See	
Total Sheets			lumber of ea	ch additional 50 or fr			Fee Paid (\$)	
- 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Non-electronic filing fee under 37 CFR 1.16(t) for a utility application, \$400 fee (\$200 small entity)								
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,740.00								
SUBMITTED BY								
Signature	9,1,00	ian R. Mc	POW.	Registration No.	29.40	9 Telephone	617.646.8000	
Name (Print/Type) William R. McClellan				(Attorney/Agent)	20,70	Date August 22, 2012		
//-/								

Destificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or encosed) is being transmitted via the Office electronic filing system on accordance with 37 CFR § 1.8(a)(4). Signature: Aprily a. Champagal (Doris A. Champagne) Dated: August 22, 2012